

Confidentiality Acknowledgement

(Optional)

Please print or type in all spaces except signature.

Agency Name for Capacity Response Items	Contract Period
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This agency has requested information on cases, for the purpose of submitting a proposal for a W-2 implementation contract. On behalf of itself and its employees, contractors and agents this agency agrees to protect the confidential status and prevent the unauthorized disclosure of this information and any other information received from the Department of Workforce Development which is designated to be confidential under section 49.83 of the Wisconsin Statutes. The persons authorized to receive this information from the department are subject to the terms of section 49.83, which are as follows:

“49.83 Limitation on giving information. Except as provided under s. 49.32(9), (10), and (10m), no person may use or disclose information concerning applicants and recipients of relief funded by a relief block grant, aid to families with dependent children, Wisconsin works under ss. 49.141 to 49.161, social services, child and spousal support and establishment of paternity services under s. 49.22 or supplemental payments under s. 49.77 for any purpose not connected with the administration of the programs. Any person violating this section may be fined not less than \$25 nor more than \$500 or imprisoned in the county jail not less than 10 days nor more than one year or both.”

It is agreed that after its use for the purpose of preparing a W-2 Proposal, the information received from the Department and any copies made will be returned to the Department.

Agency Director Name or Designee (If designee, attach Designee Authorization)	
Signature	Date of Signature